

LC

**FILED**

JUN 17 2008

NE

6-17-2008

**MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief of Criminal Appeals  
Attorney General's Office  
100 West Randolph - 12th Floor  
Chicago, IL 60601

08C3171

2. Article Number

(Transfer from service is

7006 0100 0001 7313 4085

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

**RECEIVED  
ATTORNEY GENERAL**

☐ Agent  
☐ Addressee

B. Received by (Printed Name) Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

**OFFICE SRVCS  
MAILROOM**

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court  
219 South Dearborn Street  
Chicago, IL 60604

**MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**

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**RECEIVED**

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